. AKIZ		DARD OF HEALT.	State File No.
. PLACE OF BIRTH	BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH		Registered No.C.
21.0	SIVADVAN CEVII	$\Omega$ . $\Omega$	<u>,</u>
County VIII		Since Magn	
District or Township		oz Village	
City Miamu	No 715 C	hurch stil	Bt. Ward
d ·	(If birth occu	arred in a hospital or institution	, give its NAME instead of street and number)
P. Full name of child Corrigue	Miran	da	If child is not yet named, make supplemental report, as directed.
3. Sex of Child   To be answered ONLY   4.	Twin, triplet or other	6. Legitimute?	7. Date 1. 1. 15 - 10 27
in event of plural	No., in order of birth.	yls	of birth O J
	1 1	14.	MOTHER.
FATHER  A	,	Full maiden name.	
Full name Use Muranda		Jonasa Ulvas	
B. Residence / Miami		15 Residence	Miami
(Usual place of abode)		(Usual place of abode)	
If non-resident, give place and state.	rizona.	If non-resident, give	place and state.
10, Color or race	0	16 Color or race	
Med. 11. Age at last birth	day HO (Years)	mex.	17. Age at last birthday 22 (Years)
A I	1.	\ <del></del>	101.27
12. Birthplace (city or place) Mmp as	y Honora	18, Birthplace (city or pl	ace)
(State or country)	mer.	(State or country)	Mexi
		19. Occupation	
13. Occupation		Nature of industry	,1
Nature of industry		A A	Louiseriele
20. Number of children of this mother	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-4	21. Were precautions taken against oph-
	(a) Born alive a (b) Born alive b		thaimia neonatorum?
(Taken as of time of birth of child berein certified and including this child.)	(c) Stillborn		
CERTIFIC	CATE OF ATTENDIN	G PHYSICIAN, OR MIDWI	
I hereby certify that I attended the birth of this	child, who was	(Born alive or stillborn:)	at O m. on the date above stated
* When there was no attending physician or midwife, then the father, householder,	Signature OMA	il m. Cron	m. 0
ate about make this teluin. A billibria >		DD.	
child is one that neither breathes nor shows other evidence of life after birth.		onyor cran	(Physician oz midwife).
Given name added from		milami ()	rimona.
a supplemental report Month, day, year	Address (	1 Luvrus, Is	
5 41 - 715- 3	382 Filed	my 20, 27	Reco. Orm
Registrar	7/	· · · · · · · · · · · · · · · · · · ·	Registrar
	V		4
		the second secon	

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N. B.—In case of more than one child at a birth, a Dricker is RETU... must be made for each, and the number of birth stated,